

GAU 2818

Amendment

TOWNSEND and TOWNSEND and CREW LLP
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Attorney Docket No. 18865-003200US
Client Ref No. 17732-9345

In re application of: Bruce D. Marchant, Dean Probst, Paul Thorup, and Densen Cao

Date: January 10, 2001

Application No.: 09/405,210

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Filed: September 24, 1999

Assistant Commissioner for Patents
Washington, D.C. 20231

Group Art Unit: 2818

For: METHOD OF MANUFACTURING TRENCHED HEAVY BODY EFFECT TRANSISTORS WITH TRENCHED HEAVY BODY

Signed: Sherry Barton

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Enclosed is a petition to extend time to respond.
☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	* 17	MINUS	** 20	= 0	x \$9.00 =			x \$18.00 =	\$0.00
INDEP.	* 2	MINUS	*** 3	= 0	x \$40.00 =			x \$80.00 =	\$0.00
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$135.00 =			+ \$270.00 =	
					TOTAL ADDIT. FEE		OR	TOTAL	\$0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

☐ Claims fee \$ 0
☒ Any additional fees associated with this paper or during the pendency of this application.

NO extra copies of this sheet are enclosed.

Customer No. 20350

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